

<b>NWS CHANGE FORM</b> <b>PART A</b>			1. DATE SUBMITTED 1 August 2000 Received 8/3/00	
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).				
2. ORIGINATOR OFFICE  APO		3. SUBMITTING AUTHORITY Name: Ward Seguin Routing Code: W/APO1		4. COGNIZANT TECHNICAL INDIVIDUAL Name: Woody Roberts/ Dave Clark Routing Code: FSL/APO Phone: : (303) 497-6104 (301) 713-3409x110
5. ORIGINATOR TRACKING NUMBER  P431_FSL_A100082				<b>NWS 619</b>
6. SYSTEMS AFFECTED BY CHANGE <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> ASOS     <input checked="" type="checkbox"/> AWIPS     <input type="checkbox"/> CRS     <input type="checkbox"/> NEXRAD     <input type="checkbox"/> OTHER (specify) _____         </div> <div> <input checked="" type="checkbox"/> ATA PRODUCTS (Complete Data Products Supplement)         </div> </div>				
8. TITLE OF CHANGE <div style="text-align: center; padding: 5px;">             Radar products not updating on large display pane           </div>				
9. TYPE OF CHANGE <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <input type="checkbox"/> HARDWARE     <input checked="" type="checkbox"/> SOFTWARE     <input type="checkbox"/> DOCUMENTATION ONLY         </div>			10. SITES AFFECTED (Attach Part B, Page 2, if needed)  All sites	
11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.) Radar data display times are not in agreement with radar menu "green" times. The forecaster must manually replenish the large pane to display current radar products.				
12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.)  IGC_ Process code has been modified to correct the problem. See attachment A for installation instructions.				
13. ALTERNATE SOLUTIONS  None				
14. REQUIRED CHANGE DATE ASAP		15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.)  To provide current data to the forecasters.		
<b>CCB/PMC/CMB DECISION</b>				
16. DECISION AUTHORITY LEVEL		<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> CCB LEVEL ONLY     <input checked="" type="checkbox"/> FAST TRACK     <input type="checkbox"/> PMC or NWS CMB DECISION REQUIRED         </div>		
17. CCB LEVEL DECISION		<input checked="" type="checkbox"/> APPROVED  <input type="checkbox"/> RECOMMEND APPROVAL  <input type="checkbox"/> DISAPPROVED		SIGNATURE
				DATE SIGNED
<b>FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED</b>				
18. PMC OR NWS CMB DECISION		<input type="checkbox"/> APPROVED  <input type="checkbox"/> DISAPPROVED		SIGNATURE
				DATE SIGNED

<b>NWS CHANGE FORM PART B</b>		1. ORIGINATOR TRACKING NUMBER P431_FSL_A100082	
All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject.		2. WSH TRACKING NUMBER  NWS 619	
<b>FUNDING INFORMATION</b>			
Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative time, and software development time when applicable.)		3. SOURCE OF FUNDING	4. TOTAL COST \$
5. DEVELOPMENT COSTS (Estimate development costs) Covered by the routine O&M costs.			AMOUNT \$2000
6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs) N/A			AMOUNT
7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs) N/A			AMOUNT
8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs)			AMOUNT
9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs) N/A			AMOUNT
9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) N/A			AMOUNT
<b>SUPPORTING INFORMATION AND SCHEDULES</b> Provide detailed information needed to implement the requested change.			
10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E)  N/A		11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.)  N/A	
12. IMPLEMENTATION/RETROFIT SCHEDULE  N/A		13. FACILITY INFORMATION (Attach facility drawings/plans.) N/A	
14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.)  N/A		15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED	
16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each)		17. COORDINATION OF CHANGE WITH OTHER CHANGES The patch is intended for R4.3.1 sites.	
18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.)		19. STAFF RESOURCE IMPACTS (Skills and workload impact on maintainers, operators, and managers.)	
20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.)		21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.)	
22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.) Tested on NMTW and RNK.			

NWS CHANGE FORM PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT						1. ORIGINATOR TRACKING NUMBER P431_FSL_A100082			
This information is required prior to publication of Engineering Modification Notes and Software Release Notes. List physical items to be replaced and specify any changes in related documentation. (Submitters should complete this information, if known. WSH will assist.)						2. WSH TRACKING NUMBER NWS 619			
3. ITEM NAME, CIRCUIT TYPE, SOFTWARE VERSION, OR SITE LOCATION	4. REMOVE REPLACE MODIFY	5. SUPERSEDED ITEM OR CONFIGURATION		6. SUPERSEDING PART NUMBER OR NEW CONFIGURATION	7. DOC TYPE	8. SUPERSEDED DOCUMENT		9. SUPERSEDING DOCUMENT	
		A. PART NUMBER OR CONFIGURATION	B. SERIAL NUMBER(S) OR COMMENTS			A. IDENTIFIER	B. REV	A. IDENTIFIER	B. REV
N/A									

<b>NWS CHANGE FORM</b> <b>PART C</b>		1. ORIGINATOR TRACKING NUMBER P431_FSL_A100082	
WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.		2. WSH TRACKING NUMBER  NWS 619	
<b>3. CCB COST EVALUATION</b>  <div style="display: flex; justify-content: space-between;"> <span>NWS COST \$</span> <span>FAA COST \$</span> <span>DOD COST \$</span> <span>OTHER AGENCY COST \$</span> <span>TOTAL COST \$</span> </div> <div style="text-align: center;">(SPECIFY)_____</div>			
<b>4. IMPLEMENTATION DOCUMENTS REQUIRED</b>  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Engineering Modification Note</span> <span><input type="checkbox"/> Software Release Notes</span> <span><input type="checkbox"/> Other Document (Specify)_____</span> </div>			
ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.) Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.			
<b>5. IMPLEMENTATION ACTIVITY REQUIRED</b>	<b>6. REQUIRED COMPLETION DATE</b>	<b>7. RESPONSIBLE PERSON AND OFFICE</b>	<b>8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION</b>
1. SST will place the software patch on the systems of the affected sites.  2. Ensure this change is reported to the Weather Service Headquarters (WSH) through the Engineering Management Reporting System (EMRS) according to the instructions in Engineering Handbook number 4, part 2. Record this RC number (NWS 619) in Block 17a of the EMRS report.  3. Ensure the appropriate WSH management information systems and configuration management data bases are updated to reflect these changes	TBD   TBD   TBD	Thigpen/SST W/APO3  ESA at each site listed in Part A-10 (Sites Affected)  Michelle deTommaso W/OSO113	N/A

## **Attachment A**

### **Installation Instructions**

Log out of the workstation

Place the IGC\_Process file on each workstation in /awips/fxa/bin

Log back in and restart D2D